

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Name *James B. Callison* Town *Denton* County *Caroline*

Died at *Denton*

Date of death 190 *2* Month *4* Day *1* Age *65* Years Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *Md.*

Married, Single or Widowed *Single* Occupation *Laborer*

Name of Wife or Husband *Rachel Callison*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Emmal Lane* How related to deceased *—*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *—* How long *1166*

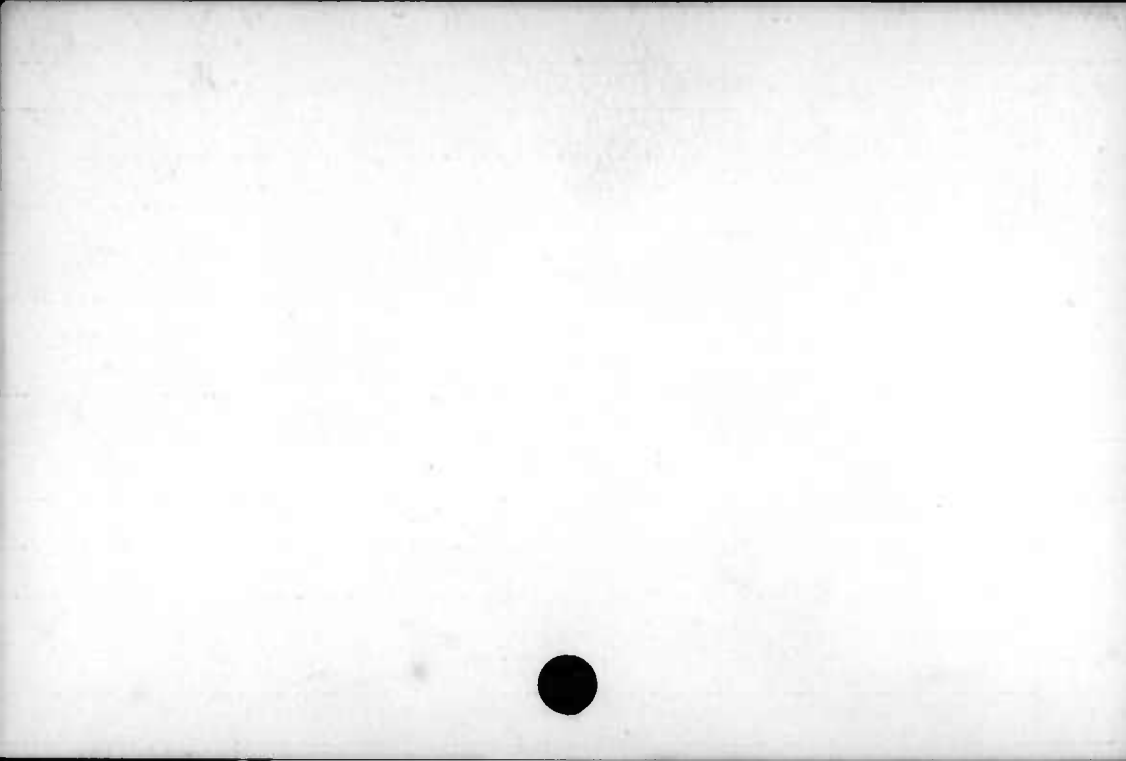
Immediate *Blow on head from limb falling on* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. N. Nichols M.D.*

Address *Denton Md.*

Accident or Suicide? *Accident*



Name  
in  
Full

Annie Cameron

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Castle</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>Apr.</u> <sup>Month</sup>	<u>11</u> <sup>Day</sup>	Age <u>      </u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>5</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>New Castle, Md.</u>			
Married, Single or Widowed <u>      </u>		Occupation <u>      </u>			
Name of Wife or Husband <u>      </u>					
Father's Name <u>Jas Wesley Cameron</u>			Father's Birthplace <u>Leontia, Md.</u>		
Mother's Maiden Name <u>Emily Rittenhouse</u>			Mother's Birthplace <u>Del.</u>		
Name of person giving information <u>J. Wesley Cameron</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Intussusception</u>	How long <u>108</u>	How long <u>Indur.</u>
Immediate <u>      </u>		
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. J. B. Roub.</u>	
	Address <u>New Castle, Md.</u>	
Accident or Suicide? <u>      </u>		



Name  
in  
Full

William Harvey Glenby

## CERTIFICATE OF DEATH

Died at Ridgely <sup>Town</sup>Caroline <sup>County</sup>

MARYLAND

Date

of death 1903

Month

April

Day

1

Years

Age 15

Months

9

Days

Sex

male

Color or  
Race

Black

Birth-  
place

Kings Creek

Married, Single  
or Widowed

Single

Occupation

Laborer

Name of Wife or  
HusbandFather's  
Name

Charles Henry Glenby

Father's  
Birthplace

Easton Md.

Mother's  
Maiden Name

Rachael Anne Piney

Mother's  
Birthplace

Tallbot Co.

Name of person giving  
information

Chas. Henry Glenby

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Phthisis Pulmonalis 27

How long

2 years.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. C. Madara  
Ridgely Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Chapel  
Lullat Co

Name  
in  
Full

*Still born*

CERTIFICATE OF DEATH

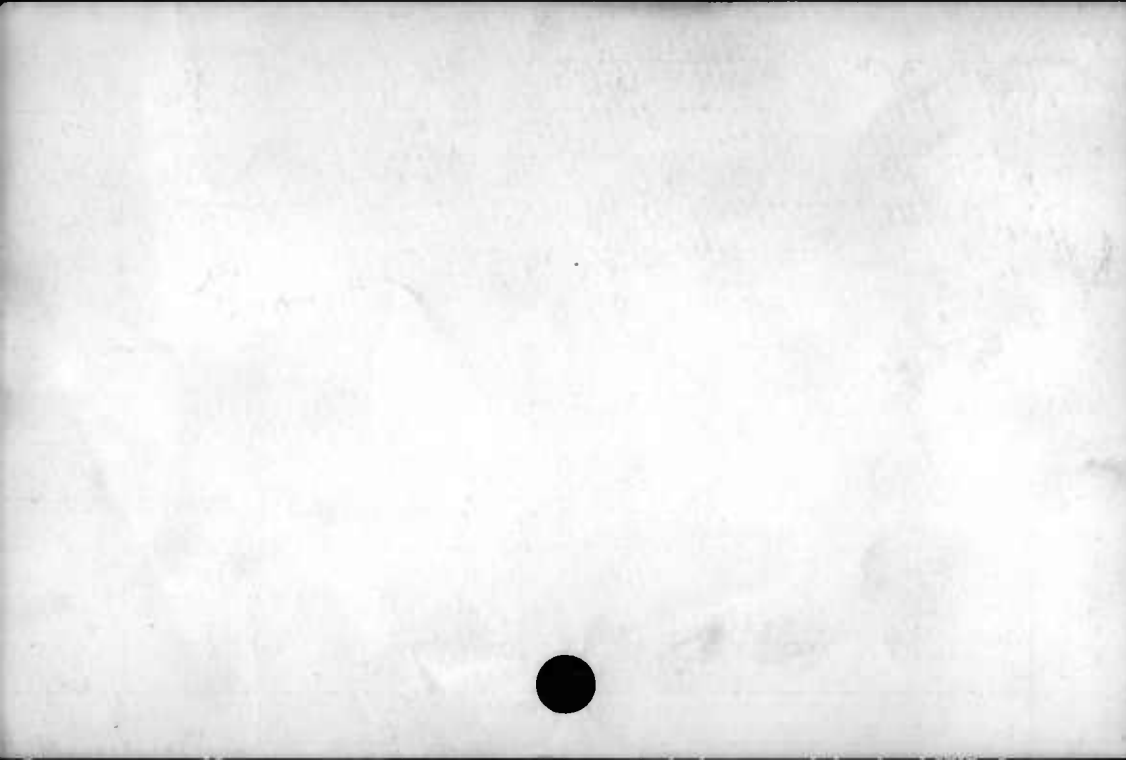
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deaton</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death 1903	Month <i>4</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Deaton Md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank Dennis</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Flowers</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Frank Dennis</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>D. M. Manship</i>
	Address <i>Deaton Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
FullAddress *Emory*

## CERTIFICATE OF DEATH

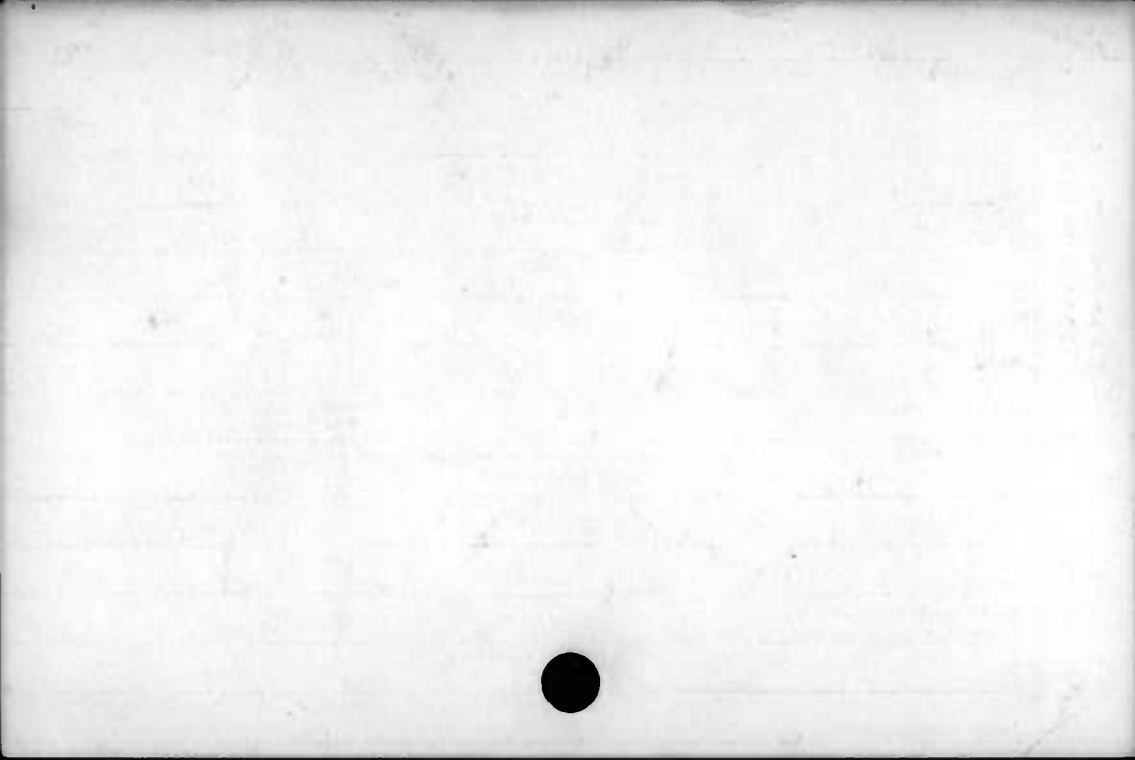
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leominster</i> <sup>Town</sup>		<i>Camden</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>20</i>	Years <i>24</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place		
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>Wm E. Ewing</i>			Father's Birthplace		
Mother's Maiden Name <i>Jessie Ewing</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i> <i>27</i>	How long <i>27 months</i>
Immediate <i>Consumption</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Alyc Hardcastle</i>
	Address <i>Leominster</i>
Accident or Suicide?	<i>Must be</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

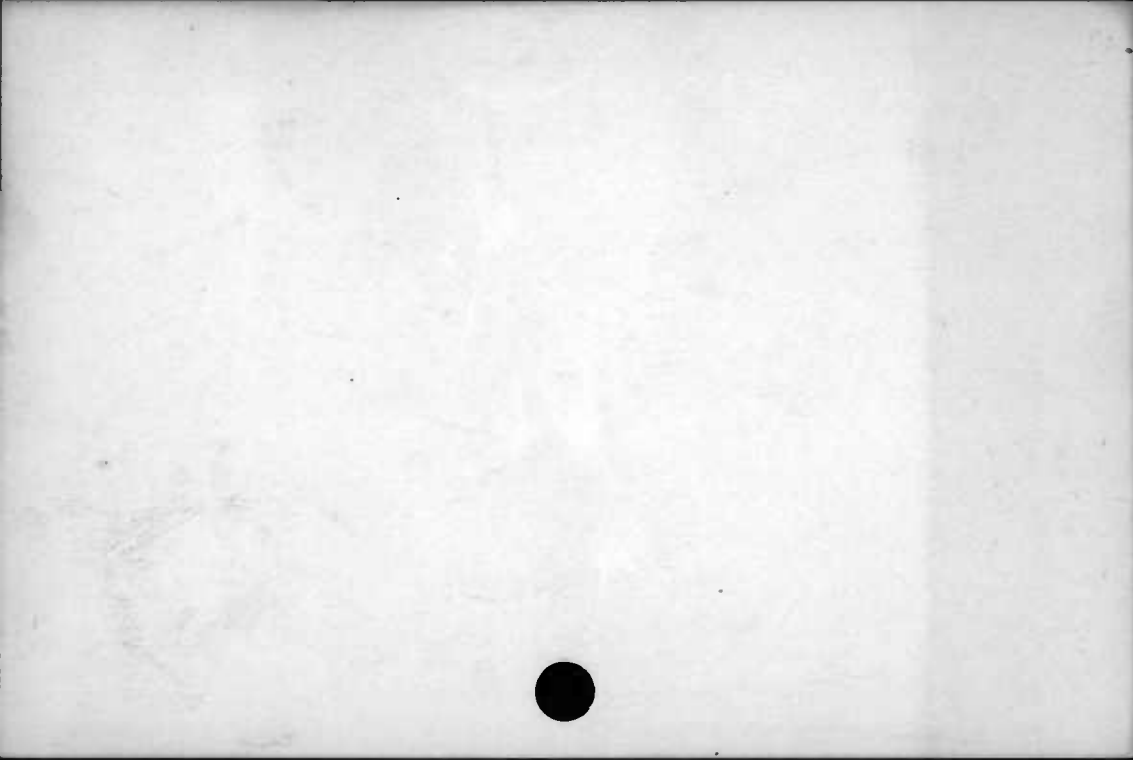
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ridgely</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>April</i> <small>Month</small>	<i>29</i> <small>Day</small>	Age <i>21</i> <small>Years</small>	<i>7</i> <small>Months</small>	<i>26</i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>Caroline Co</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>Housework</i>				
Name of Wife or Husband _____					
Father's Name <i>John W. Flamer</i>			Father's Birthplace <i>Caroline Co</i>		
Mother's Maiden Name <i>Sallie A. Nichols</i>			Mother's Birthplace <i>Caroline Co</i>		
Name of person giving information <i>John W. Flamer</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis Acute, *</i>	How long <i>3 months</i>
Immediate <i>(Dropy) Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Madara</i>
	Address <i>Ridgely Md.</i>
Accident or Suicide?	



Name  
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Full

Martha M. Nicoll

## CERTIFICATE OF DEATH

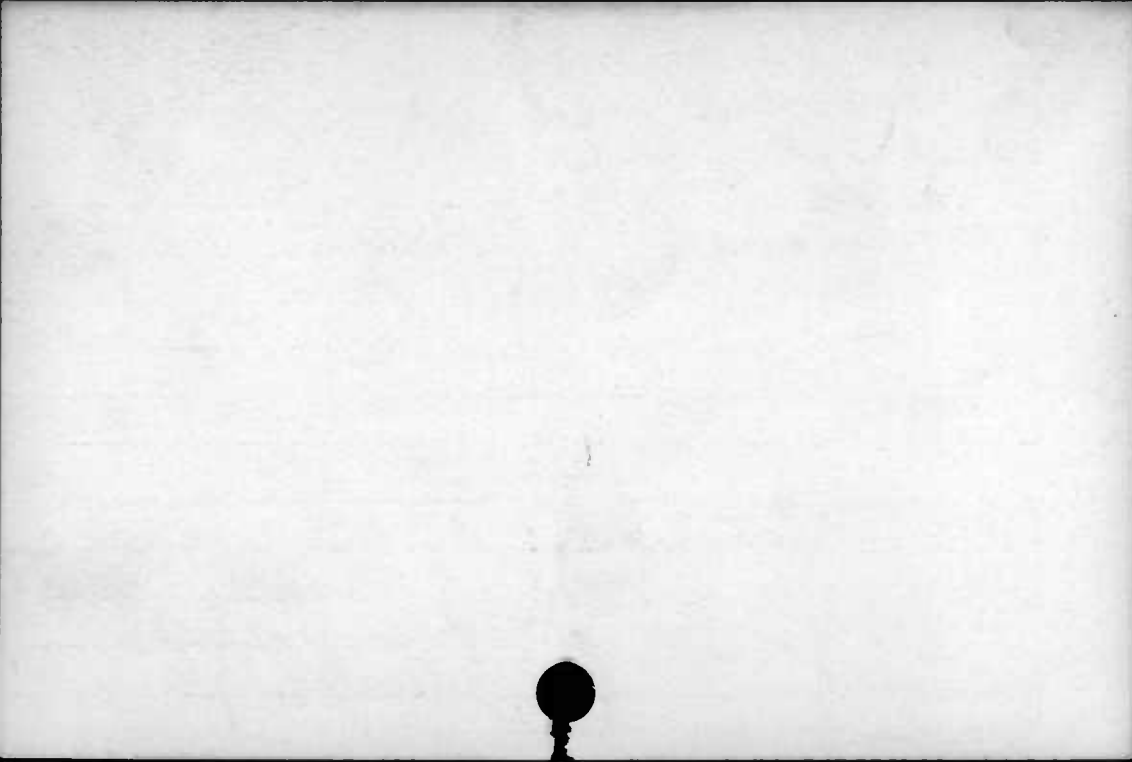
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ridgely</i> <sup>Town</sup>		<i>Seaboard</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>11</i>	Age <i>77</i> Years	Months <i>10</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Ireland</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Samuel M. Nicoll</i>					
Father's Name <i>Hugh Rutledge</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Elizabeth Nixon</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving Information <i>Alice</i>			How related to deceased <i>Niece</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>X</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. MacLara</i>
	Address <i>Ridgely Md</i>
<del>Accident or Suicide?</del>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Frank Pinnell*

Died at *Federalshburgh* Town *Casoline* County *MARYLAND*

Date of death 190*3* Month *apr* Day *19* Age *24* Months Days

Sex *male* Color or Race *Black* Birth-place *Del*

Married, Single or Widowed *married* Occupation *laborer*

Name of Wife or Husband *Annie Waters*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Phthisis* How long *1 year*

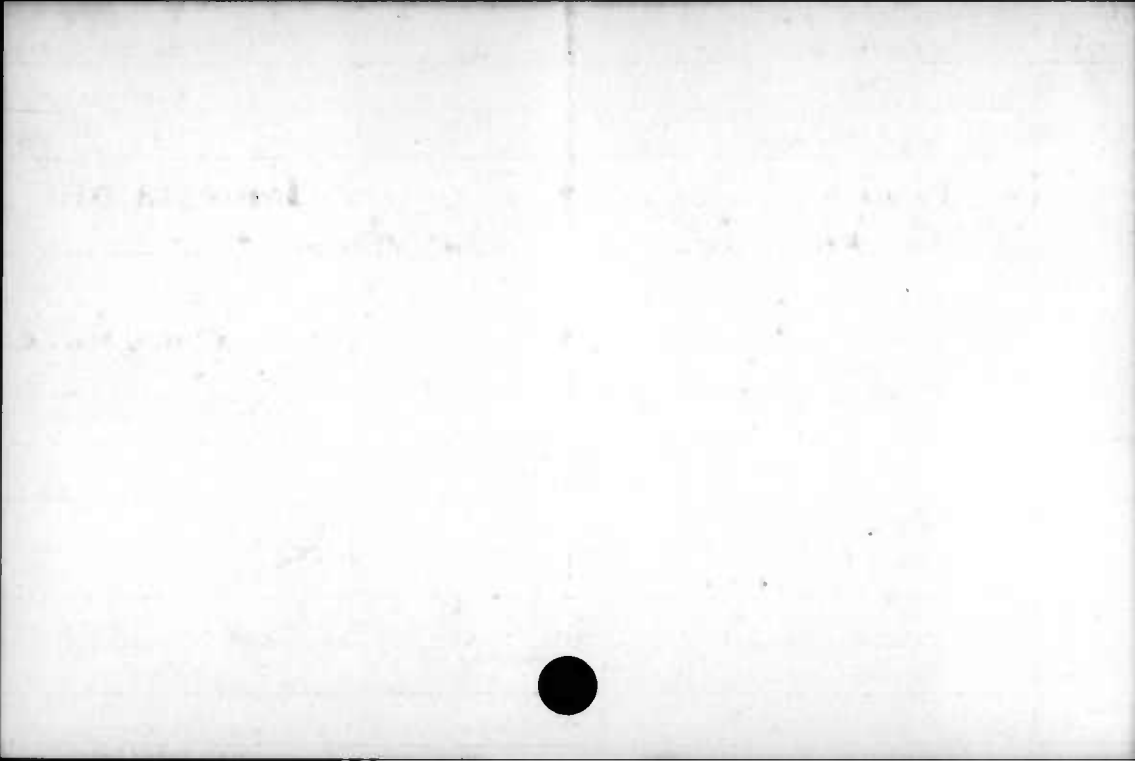
Immediate *27* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

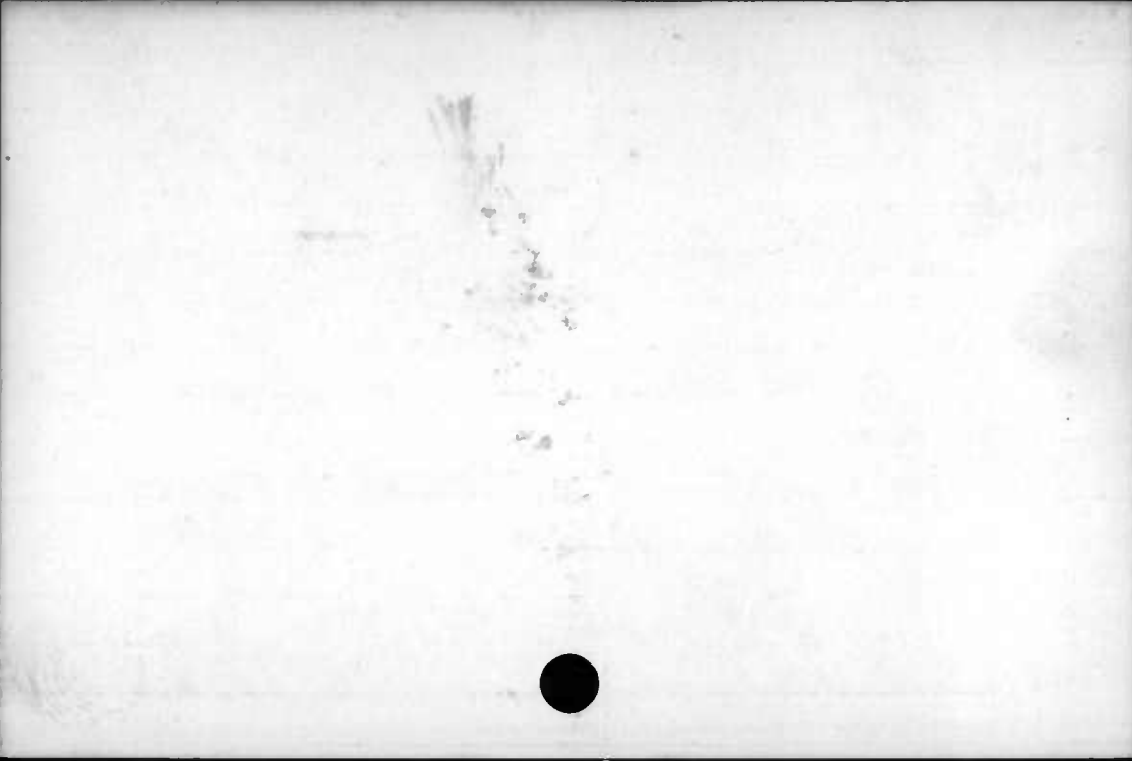
Signature of Physician *R Kemp Jefferson*

Address *Federalshburgh Md*

Accident or Suicide?



Name in Full		Ida Ballerfield				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Willislon		County Caroline		MARYLAND	
	Date of death 190		3	Month Apr	Day 26	Age 22	Years Months Days	
	Sex		Female		Color or Race		Colored	
	Married, Single or Widowed		Single		Occupation		Servant	
	Name of Wife or Husband							
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased				
Francis Ballerfield				Brother				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				How long			
	Phthisis							
	Immediate				How long			
	Exhaustion				27			
	Are the name, age, sex, color, date and place correctly given above?				Yes			
				Signature of Physician				
				Address				
				Enoch George M D				
				Vinton Caroline Co				
Accident or Suicide?				Maryland				

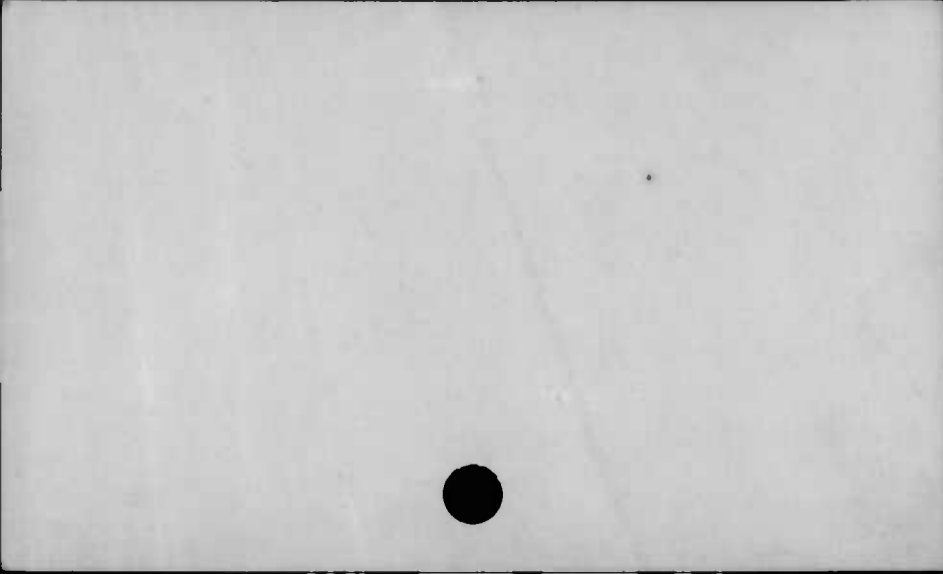


Died at *Tristram* <sup>Town</sup> *Stanley* <sup>County</sup> *Caroline* <sup>MARYLAND</sup>  
 Date 19 *03* <sup>Month</sup> *4* <sup>Day</sup> *14* <sup>Y.</sup> *8* <sup>M.</sup> *md* <sup>D.</sup> *md* <sup>Native of</sup> *md* <sup>Occupation</sup> *—*  
*White* <sup>Female</sup> *White* <sup>Colored</sup> *X* <sup>Married</sup> *X* <sup>Single</sup> *X* <sup>Widow</sup> *X* <sup>Widower</sup> *X* <sup>Divorced</sup> *X* <sup>Number of children living</sup>

Husband of *X*  
 Wife *X*  
 Father's Name *John L. Stanley* <sup>151</sup> <sup>Mother's</sup> *Mary E. Dickerson*  
 Name *John L. Stanley* <sup>Maiden Name</sup> *Mary E. Dickerson*  
 Cause of *Epidemic Catarrh* <sup>How long sick</sup> *3 days*  
 Death *Immediate* <sup>Accident, Suicide, Homicide</sup>

Reported by *J. L. Hobbs M.D.*  
 Address *Tristram Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalshburgh</i>		Town <i>Caroline</i>		County <i>Caroline</i>		MARYLAND			
Date of death 190 <i>3</i>		Month <i>apr</i>		Day <i>11</i>		Age <i>65</i>		Months	Days
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>Servant</i>							
Name of Wife or Husband									
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving Information						How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer</i>		How long <i>One year</i>	
Immediate <i>45</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>	
		Address <i>Federalshburgh md</i>	
Accident or Suicide? <i>—</i>			



Name in Full		Caleb J. Willis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Ridgely</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
		Date of death 1903 <i>April</i> <small>Month</small> <i>22</i> <small>Day</small>		Age <i>abt. 62</i> <small>Years</small>		<i>—</i> <small>Months</small> <i>—</i> <small>Days</small>	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hell</i>	
		Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
		Name of Wife or Husband <i>Rebecca</i>					
		Father's Name <i>Jenny B. Willis</i>				Father's Birthplace <i>— —</i>	
		Mother's Maiden Name <i>Elizabeth Todd</i>				Mother's Birthplace <i>— —</i>	
		Name of person giving Information <i>Rebecca Willis</i>				How related to deceased <i>Wife</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>malarial fever</i>				How long <i>Four weeks</i>	
		Immediate <i>Paralysis</i>				<i>66</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>H. N. Richards M.D.</i>	
						Address <i>Ridgely, Md.</i>	
		Accident or Suicide?					

